

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059516

1. Entity Name

NEIL'S PAINTING & DECORATING, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90026 009 \*\*\*150.00

Principal Place of Business	Mailing Address
1825 MEDITERRANEAN RD LAKE CLARKE SHORES FL 33406	1825 MEDITERRANEAN RD LAKE CLARKE SHORES FL 33406-8617

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0433054	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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RASMUSSEN, PHILIP N 59 LAKE ARBOR DRIVE PALM SPRINGS FL 33461	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, NEIL I	NAME	
STREET ADDRESS	1825 MEDITERRANEAN RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE CLARKES SHS FL 33406	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, FRANCES R	NAME	Rasmussen, Frances R.
STREET ADDRESS	1825 MEDITERRANEAN RD	STREET ADDRESS	1825 Mediterranean Rd.
CITY-ST-ZIP	LAKE CLARKES SHS FL 33406	CITY-ST-ZIP	Lake Clarke Shores, FL 33406
TITLE	P <input type="checkbox"/> Delete	TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, PHILIP N	NAME	Rasmussen, Philip N.
STREET ADDRESS	59 LAKE ARBOR DR	STREET ADDRESS	59 Lake Arbor Dr.
CITY-ST-ZIP	PALM SPRINGS FL 33461	CITY-ST-ZIP	Palm Springs, FL 33461
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip N. Rasmussen 2/1/00 561/967-1278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #